



RECIPIENT NEWSLETTER

North Dakota Department of Human Services
Medical Services Division
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Postponement of Service Limits

The Department of Human Services has postponed the implementation of the Medicaid Service Limits until **January 1, 2004**. This will allow the Department and Providers to establish systems to manage the addition of these limits.

Important Notes:

The new co-payments continue to be effective September 1, 2003. See complete list of co-payments on Page 2 of this Newsletter.

The Non-Emergency Transportation Changes continue to be effective September 1, 2003. See page 2 for a review of the changes.

The following limits will be effective for service dates on or after January 1, 2004:

Office visits ~ 12 per year (All Medical Doctors, including specialists, Nurse Practitioners, and Physician Assistant Certified);

Chiropractic manipulation visits ~ 12 per year;

Chiropractic x-rays ~ 2 per year;

Occupational therapy evaluation ~ 1 per year

Occupational therapy ~ 20 visits per year; (*applies in combination with services delivered in an outpatient hospital setting. This limit does not apply to school-based services for children who have an IEP or IFSP.*)

Psychological therapy visits ~ 40 per year;

Psychological testing - 4 hours per year

Speech therapy visits ~ 30 per year; (*applies in combination with services delivered in an outpatient hospital setting. This limit does not apply to school-based services for children who have an IEP or IFSP.*)

Speech evaluation – 1 per year

Physical therapy visits ~ 15 per year; (*applies in combination with services delivered in an outpatient hospital setting. This limit does not apply to school-based services for children who have an IEP or IFSP.*)

Eyeglasses for Individuals 21 and older ~ once every 3 years

Eye exams for individuals 21 and older – once every 3 years

If medically necessary, the Medical Assistance staff will approve services in excess of the limits.

Current list of all co-pays. Co-pays do not apply to children, pregnant women, and persons in institutions.*

\$75 per admission for Inpatient Hospital

\$1 co-pay for each Radiology service;

\$1 co-pay for each Lab service;

\$3 co-pay for each visit to a Federally Qualified Health Centers/Rural Health Center

\$2 co-pay for each Occupational Therapy visit;

\$2 co-pay for each Optometry visit;

\$2 co-pay for each Psychological service;

\$1 co-pay for each Speech Therapy visit;

\$2 co-pay for each Physical Therapy visit;

\$3 co-pay for each Podiatry visit;

\$2 co-pay for each Hearing Test visit;

\$3 co-pay for each Hearing Aid dispensing;

\$1 co-pay for each Chiropractic Manipulations

\$2 co-pay for each Dental visit

\$2 co-pay for each Physician visit

\$3 co-pay for each brand-name prescription

*** Persons in Institutions include: long-term care facilities, the state hospital, and Intermediate Care Facility for the Mentally Retarded (ICF/MR's).**

Restoration of Adult Dental Services

Effective immediately, the following adult dental services are now covered:

Partials for the front of the mouth – these services continue to require prior approval.

Root canals for the front of the mouth – these services do not require prior approval.

Transportation Changes

- Aged and disabled recipients are reminded to use the Transit System where available. They will need to call one day prior to their appointment to make arrangements.
- Taxi providers have been notified that as of June 1, 2003, taxi service will only be allowed from the recipient's home, school, or work to their medical appointment. The return trip from the medical appointment will only be allowed to the recipient's home, work or school. The taxi will not deliver you to or pick you up at any other sites.
- As of September 1, 2003, a taxi voucher system will be implemented. If you require the use of a taxi, you will need to call your county worker to inform them of the date and location of your medical appointment. They will fill out vouchers with all the necessary information. You will need to give the taxi driver one of the vouchers for going to the appointment and one when you return home. If you cannot go to the county office to receive the vouchers, they can send them to you in the mail. **Please allow enough time to assure you have the vouchers before using the taxi.** If you must use the taxi for an unplanned appointment or emergency situation, the taxi driver must document the reason you do not have a voucher. You may call your county worker with any questions concerning this new system.
- Private vehicle mileage will not be allowed if there is free or low-cost transportation services available, including friends, family members or household members.
- As of September 1, 2003, no recipient's parent, spouse, friend, family member or household member may be paid as an enrolled provider for transportation for the recipient.

Medicare Recipients – Co-payments

Please Note: Medicare recipients are not exempt from co-pays. All co-pays apply to Medicare recipients. The only time Medicare recipients are exempt from paying a co-pay is if they are in an institution.

Third Party Liability (Insurance) Coverage

Insurance: There are many types of insurance coverage. When you are eligible to receive benefits from North Dakota Medicaid, (Medical Assistance) you are obligated to report your insurance coverage and use insurance benefits before billing Medicaid. Reporting third party coverage is a condition of eligibility. Not reporting known third party resources can be considered fraud.

The types of insurance you need to report are:

Health Insurance – Health insurance policies pay for medical services including: doctor, clinic, hospital, dental and other services. If you have one or more insurance policies that cover any medical services, they must be reported.

Workers Compensation – This is not purchased insurance. When you are injured on the job, you may be entitled to medical coverage and loss of wages under this coverage. You must report this coverage if you have it when you apply for Medicaid. If you are injured on the job, after you have become eligible for Medicaid, you must report coverage as soon as you are physically able.

Accident insurance – This insurance includes: auto, business insurance, homeowners and other liability coverage. If you are injured on someone's property, business, farm or home, or in an auto accident, there is likely some kind of accident coverage. You must report the accident to your county worker, including the name of the other party and their insurance information. The state agency will contact you if additional information is needed. Auto insurance need not be reported if it is your policy and no accident or benefit is being paid at the time of reporting.

If you have any questions about accident insurance or other coverage, you may direct these questions to your county worker. If you wish to contact Medical Services directly, please ask for Ray Feist at 1-800-755-2604 ext. 4024.

Questions and Answers

- Q. Since Medicaid no longer pays providers for the complete co-insurance and deductible, can the recipient be billed for the remainder of their bill?
- A. No. For Medicaid recipients, providers accept the Medicaid payment as payment in full.
- Q. Do Recipient co-pays count toward the Recipient Liability (RL)?
- A. Yes. Recipients will need to collect a receipt from the provider when a co-payment is made. The recipient will submit all receipts to their county eligibility worker so the RL can be reduced.

Used Durable Medical Equipment

Do you have Durable Medical Equipment that has been purchased by North Dakota Medicaid that you are no longer using? Adaptive Equipment Services at the Developmental Center in Grafton is interested in obtaining this equipment to repair/recycle for other individuals. If you are interested in getting more information concerning this program, please call 701-352-4583.

Choosing a Primary Care Provider

The Medicaid Primary Care Provider (PCP) program makes it possible for you to have your own personal doctor, someone who knows you, your health history, and knows your health care needs. When you are feeling ill or need an appointment, call your doctor's office. Your PCP will provide health care services. He or she will also refer you to other doctors who specialize in specific health issues. Your county eligibility worker will inform you if you need a PCP. If you are told to select a PCP, you should do so as soon as possible.

Before you receive specialty services, you must receive a referral from your primary care provider. Medicaid will pay for medical services requiring a referral **only** if your primary care provider has referred you **before** you get medical care. If you do not select a PCP or do not get a referral from your PCP, you may be responsible for the bill.